

FILED DEC 16 1950

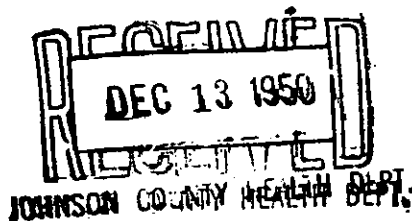
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41303

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson 0516			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Warrensburg, Mo.		c. LENGTH OF STAY (In this place) 12 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden, Missouri 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Warrensburg Hosp. & Clinic.				d. STREET ADDRESS (If rural, give location) No. Lexington			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna Mae Sanders		b. (Middle)		c. (Last)	
4. DATE OF DEATH		Dec 5, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 6-12-1868		9. AGE (In years last birthday) 82-5-28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
11. BIRTHPLACE (State or foreign country) Lone Jack, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harrison Fish		13b. MOTHER'S MAIDEN NAME Elvira - Fish	
14. NAME OF HUSBAND OR WIFE R.E.L. Sanders.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Russell, Holden, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-26, 1950, to 12-5-1950, that I last saw the deceased alive on 12-4-1950, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. F. McKinney MD</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>12-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Underwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Jack, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8, 1950</u>		REGISTRAR'S SIGNATURE <u>Sarannah Antelope</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. CAST HOLDEN MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



DEC 30 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

E. Blunt

Licensed Embalmer No. 4059

P. O. Address Hallam, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.